

CLIENT INFORMATION PACKAGE

This package is intended to help you assemble important information related to your Estate Plan. Copies of documents will be needed *only* if you are using a living trust or life insurance trust.

A. ENCLOSED WORKSHEETS

1. The **Biographical Information**.

a. *Please write in the name of each individual in the same way that you want the name to appear in the legal documents.* For my benefit, also indicate the name you use in referring to this person casually [e.g., Robert L. Jones (Bob)]. Include the names of any family members that are deceased, but clearly show them to be deceased.

b. *Identify all children that have been born to or adopted by either spouse, even if a child is not to be included or is now deceased.* If you are married, indicate whether each child is the child of the Husband, Wife, or Both by circling one of the following for each child: H W B. If you have adult children, include the names of their spouses, if they are married, and the names and dates of birth (DOB) of each grandchild, if any.

c. It is not necessary for you to identify stepchildren unless (1) you intend to treat them as children or otherwise benefit them in your estate plan, (2) they have a claim that you have adopted them or are otherwise legally obligated to provide for them, or (3) you expect that they could possibly “contest” a will or otherwise be a problem.

d. If you do not have children, but intend to primarily benefit nieces and nephews or any other group, you may wish to use the Children page to identify these special people in your life. Feel free to copy and insert an extra page if you do not have enough “slots,” or slip in additional information on a handwritten sheet.

e. If none of your descendants survive you, the assets would generally be distributed systematically among your relatives, unless you clearly identify anyone that you would want to favor or exclude in such a distribution. You may also opt to leave the estate to a charity if you leave no descendants.

2. The **Personal Representatives** form is the place to indicate, *in order of priority*, your preferences for your various personal representatives.

a. You may simply indicate “spouse” or “Jim” as a selection if the Biographical Information form contains all the information about that person and it is clear who you are designating.

b. For Trustee you may indicate “both spouses” as trustee of a living trust, “surviving spouse” as next successor of the living trust and as trustee of a Bypass or QTIP trust, the “beneficiary child” if each child is trustee of his or her own GST Trust... but *always* provide at least two, and preferably three alternatives beyond yourselves.

c. Your children may fill these roles if you feel they are mature enough, or you can indicate that they can be the next alternate “if 30” or “if 28” years old, in which case, if they were not yet to that age, we would go to the next person on the list.

3. The **Financial Information** form is designed to elicit from you a complete outline of financial matters that might impact your estate plan. If other issues affect your financial picture, please add anything that might have any impact on our calculations and planning.

4. The **Disposition of Estate** worksheet helps us determine your objectives and priorities. It also may raise issues that we have not addressed yet. Again, if anything else comes to mind that might be of importance to this process, include it.

B. ADDITIONAL DOCUMENTS NEEDED (Only if you do the Living Trust)
(copies only please)

1. For each **life insurance policy**:
 - a. Change of Beneficiary forms
 - b. Assignment of ownership forms
 - c. Current Statement showing: Face Value of policy, policy number, insurance company name and address cash value, loans, and (for *life insurance trust* only) “Interpolative Terminal Reserve” value (the agent or employer will need to contact the underwriter to obtain this information).

2. Summary of your **retirement plan** and other employee benefit accounts. For each **IRA, IRA Rollover, SEP**, or other similar pre-tax account, simply provide a recent statement. *Provide a change of beneficiary form for each account.*

3. A **recent account statement** for each account with any bank, saving & loan, credit union, broker, or other financial institution (your “Accounts”).

4. Current **deeds and titles** or copies of the probate instruments or other documents that passed title to you without a deed, if any, for each asset that is registered or titled.

5. A clear summary of all **securities** or other investment assets (such as bonds, stock certificates, mutual fund certificates) that you hold personally rather than in a brokerage account. The original certificates should actually be in your possession in this instance. I need the summary to set forth:
 - a. An adequate description of the asset, the quantity you hold, and the value if known (e.g. 100 shares GM @ \$43--\$4300)
 - b. The name and address of the transfer agent for each asset. (You may call the company for that information, or your broker)
 - c. Exact transfer requirements and instructions (call the transfer agent), in writing if possible, for each such investment. Ask the transfer agent for any forms they will need to have completed before they will effect a transfer.

You may skip steps b and c if you are willing to deposit the items with a Broker, to be held in street name and credited to an account in the name of the Living Trust. Any assets currently held by your broker in street name should be reflected on the account statements described in 3, above.

6. Copies of your last Estate Planning documents.

BIOGRAPHICAL INFORMATION

CLIENT 1: _____
(Name as you *want* it to appear on documents)

CLIENT 2: _____
(Name as you *want* it to appear on documents)

(Name used casually)

(Name used casually)

Address: _____

Address: _____

County: _____

County: _____

Phone: _____ (H)
_____ (W)
_____ (F)
_____ (M)

Phone: _____ (H)
_____ (W)
_____ (F)
_____ (M)

Email address: _____

Email address: _____

Date of Birth: _____
Soc. Sec. No: _____

Date of Birth: _____
Soc. Sec. No: _____

Marital Status: Mar Sgl Sep Div Wid

Date of Marriage: _____

Occupation: _____
Employer: _____

Occupation: _____
Employer: _____

Accountant: _____
Phone: _____

Ins. Agt: _____
Phone: _____

Finc. Planner: _____

Stock Broker: _____

How long lived in Texas: _____
Previous States of Residence: _____

How long lived in Texas: _____
Previous States of Residence: _____

U.S. Citizen? _____

U.S. Citizen? _____

Other states in which you own any Real Estate now?

Other states in which you own any Real Estate now?

Other names you have used:

Other names you have used:

DECENDANTS

1	2		3	4
_____	_____	CHILD	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	DOB	_____	_____
_____	_____	H W B*	_____	_____
_____	_____		_____	_____
_____	_____	SPOUSE	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
5	6		7	8
_____	_____	CHILD	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	DOB	_____	_____
_____	_____	H W B*	_____	_____
_____	_____		_____	_____
_____	_____	SPOUSE	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____
_____	_____	G-C	_____	_____
_____	_____	DOB	_____	_____

PRIOR MARRIAGES OF CLIENT 1: _____

PRIOR MARRIAGES OF CLIENT 2: _____

*Is this child legally the child of husband, wife or both?

DOB – Date of Birth

G-C - Grandchild

EXTENDED FAMILY MEMBERS

CLIENT 1

Father	Mother
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Brothers	Sisters
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

CLIENT 2

Father	Mother
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Brothers	Sisters
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

_____	_____	NAME
_____	_____	ADDR
_____	_____	PHONE
_____	_____	PHONE
_____	_____	DOB

PERSONAL REPRESENTATIVES

EXECUTOR	TRUSTEE (Bypass Trust)		GUARDIAN (for minor)	POWER OF ATTY (finances)
_____	_____	NAME	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____	1 st Choice	_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	RELA	_____	_____
_____	_____	DOB	_____	_____
_____	_____		_____	_____
_____	_____	NAME	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____	2 nd Choice	_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	RELA	_____	_____
_____	_____	DOB	_____	_____
_____	_____		_____	_____
_____	_____	NAME	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____	3 rd Choice	_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	RELA	_____	_____
_____	_____	DOB	_____	_____
_____	_____		_____	_____
_____	_____	NAME	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____	4 th Choice	_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	RELA	_____	_____
_____	_____	DOB	_____	_____
_____	_____		_____	_____
_____	_____	NAME	_____	_____
_____	_____	ADDR	_____	_____
_____	_____		_____	_____
_____	_____	5 th Choice	_____	_____
_____	_____		_____	_____
_____	_____	PHONE	_____	_____
_____	_____	RELA	_____	_____
_____	_____	DOB	_____	_____

PERSONAL REPRESENTATIVES

**HEALTH CARE POA
(His)**

**HEALTH CARE POA
(Hers)**

**TRUSTEE
(For grandchild)**

**TRUSTEE
(For disabled child)**

**NAME
ADDR**

1st Choice

**PHONE
RELA
DOB**

**NAME
ADDR**

2nd Choice

**PHONE
RELA
DOB**

**NAME
ADDR**

3rd Choice

**PHONE
RELA
DOB**

**NAME
ADDR**

4th Choice

**PHONE
RELA
DOB**

**NAME
ADDR**

5th Choice

**PHONE
RELA
DOB**

FINANCIAL INFORMATION

REAL ESTATE

_____	_____	HOW TITLED	_____	_____
_____	_____	H W C*	_____	_____
_____	_____	ADDRESS	_____	_____
_____	_____	ORIG PRICE	_____	_____
_____	_____	CURR VALUE	_____	_____
_____	_____	CURR DEBT	_____	_____
_____	_____	EQUITY	_____	_____

LIQUID ASSETS

_____	_____	HOW TITLED	_____	_____
_____	_____	H W C*	_____	_____
_____	_____	BANK/BROKER	_____	_____
_____	_____	ACCOUNT NO.	_____	_____
_____	_____	BENEFICIARY	_____	_____
_____	_____	VALUE	_____	_____
_____	_____	DEBT	_____	_____

LIQUID ASSETS

_____	_____	HOW TITLED	_____	_____
_____	_____	H W C*	_____	_____
_____	_____	BANK/BROKER	_____	_____
_____	_____	ACCOUNT NO.	_____	_____
_____	_____	BENEFICIARY	_____	_____
_____	_____	VALUE	_____	_____
_____	_____	DEBT	_____	_____

INSURANCE

_____	_____	INSURED	_____	_____
_____	_____	TYPE OF INS.	_____	_____
_____	_____	INS. CO.	_____	_____
_____	_____	POLICY NO.	_____	_____
_____	_____	FACE AMOUNT	_____	_____
_____	_____	CASH VALUE	_____	_____

RETIREMENT PLANS/IRAs/SEPs

_____	_____	HOW TITLED	_____	_____
_____	_____	H W C*	_____	_____
_____	_____	Type of Plan	_____	_____
_____	_____	CUSTODIAN	_____	_____
_____	_____	ACCOUNT NO.	_____	_____
_____	_____	CURR VALUE	_____	_____

*Is this asset the separate property of the Husband, the separate property of the Wife, or a community asset? "Separate" means property (1) owned before marriage, (2) gifted to or inherited by once spouse after marriage, (3) proceeds from sale of a separate asset, or an asset purchased with separate funds, (4) certain personal injury settlements and (5) other assets that are separate under a prenuptial or marital agreement.

ADDITIONAL FINANCIAL INFORMATION

<p>For each PRIVATE BUSINESS or PROF. PRACTICE</p> <p>Name: _____</p> <p>Trade name (if different): _____</p> <p>Address: _____</p> <p>_____</p> <p>Is the Business:</p> <ul style="list-style-type: none"> a. A Proprietorship b. Partnership c. Ltd. Partnership d. Limited Liability Co. e. C-Corporation f. S-Corporation <p>Your Percentage of Ownership: _____ %</p> <p>What does the business do: _____</p> <p>_____</p> <p>General Liability Coverage: _____</p> <p>What is the Fair Mkt Value (FMV) of your interest in the business today as a going concern? \$ _____</p> <p>What is the FMV of the assets in the business? _____</p> <p>Is there a buy/sell agreement between the owners? _____</p> <p>What is your relationship to the other owners? _____</p> <p>_____</p> <p>_____</p>	<p>For each PRIVATE BUSINESS or PROF. PRACTICE</p> <p>Name: _____</p> <p>Trade name (if different): _____</p> <p>Address: _____</p> <p>_____</p> <p>Is the Business:</p> <ul style="list-style-type: none"> a. A Proprietorship b. Partnership c. Ltd. Partnership d. Limited Liability Co. e. C-Corporation f. S-Corporation <p>Your Percentage of Ownership: _____ %</p> <p>What does the business do: _____</p> <p>_____</p> <p>General Liability Coverage: _____</p> <p>What is the Fair Mkt Value (FMV) of your interest in the business today as a going concern? \$ _____</p> <p>What is the FMV of the assets in the business? _____</p> <p>Is there a buy/sell agreement between the owners? _____</p> <p>What is your relationship to the other owners? _____</p> <p>_____</p> <p>_____</p>
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VALUE OF PERSONALTY (cars, furniture, household, jewelry, art, etc.): _____

OTHER ASSETS: _____

DEBTS NOT ALREADY DEDUCTED: _____

INHERITANCE EXPECTED: _____

Other Assets in TRUSTS OR LIFE ESTATES (for you): _____

(enclose copies of document)

OTHER INFORMATION RELATED TO YOUR FINANCIAL CONDITION: _____

DISPOSITION OF ESTATE

PRIMARY ESTATE PLAN OBJECTIVES: _____

SECONDARY OBJECTIVES: _____

TRUST TERMS FOR CHILDREN: _____

WHAT WOULD YOU DO WITH THE SHARE OF A CHILD THAT DIED BEFORE YOU: _____

DO YOU WANT TO GUARANTEE THAT YOUR CHILDREN INHERIT "YOUR PART" -- OR DO YOU WANT THE SURVIVOR TO BE FREE TO LEAVE ALL OR PART OF THE ESTATE TO A SECOND SPOUSE: _____

DO ANY OF YOUR CHILDREN OR OTHER HEIRS HAVE PHYSICAL, MENTAL OR EMOTIONAL DISABILITIES, OR PROBLEMS WITH RESPONSIBILITY THAT SHOULD BE CONSIDERED: _____

DO YOU INTEND TO GIVE UNEQUAL DISTRIBUTIONS TO YOUR CHILDREN..IF SO, EXPLAIN: _____

DO ANY OF YOUR HEIRS OWE YOU MONEY, OR HAVE YOU GIVEN ANY ADVANCES ON INHERITANCE: _____

IS THERE ANYONE (OTHER THAN IMMEDIATE FAMILY) THAT YOU WANT TO RECEIVE PART OF THE ESTATE? _____

HOW WOULD YOU DISPOSE OF YOUR ASSETS IF NO DESCENDANTS SURVIVED YOU? _____

DO YOU HAVE ANY INTEREST IN MAKING CHARITABLE GIFTS AT THE FIRST DEATH, AT THE SECOND DEATH, OR IF NO DESCENDANTS SURVIVE? _____
